UNIVERSITY OF THE PHILIPPINES DILIMAN

Office of the Vice Chancellor for Academic Affairs  
**OFFICE OF FIELD ACTIVITIES DILIMAN**

**OVCAA OFA Form No. 04**

INTERNSHIP / PRACTICUM

REQUEST FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | College/Department: | |  |  |
| Class/Course: |  | | Class Section: | |  |  |
| Number of students joining: | |  | |  | |  |

|  |  |  |
| --- | --- | --- |
| Name of Faculty-in-Charge | Email | Mobile |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Partner Host Training Establishments (HTEs) | | | | Name of Student Interns | Degree Program |
| Name | Address | Contact Person | Tel./Mobile |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |

*(You may use additional sheet)*

Attachments:

1. [ ] Memorandum of Agreement (MOA)
2. [ ] Notarized Parental/Legal Guardian Written Consent
3. [ ] Internship Contract/Agreement (with Internship Plan)

|  |  |
| --- | --- |
| Prepared by: |  |
| |  | | --- | |  | | Signature over printed name of Faculty-in-Charge | |  |
|  |  |
| Endorsed by: | Approved by: |
| |  | | --- | |  | | Signature over printed name of Department Chair/Institute Director | | |  | | --- | |  | | Signature of printed name of College Dean/Head of Unit | |

***IMPORTANT:*** *After approval of the Dean, please submit a copy of this form with Attachments to OVCAA Office of Field Activities Diliman at 4F DILC Building OR via email at* [*ofadiliman@up.edu.ph*](mailto:ofadiliman@up.edu.ph) *with subject AFA Internship/Practicum [College] [Course Subject & Number] ex. AFA Internship/Practicum COE CE132 prior to the deployment date*